

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		3				
5		3				
6		3				
7		①				
8		①				
9		①				
10	1					
11		①				
12		①				
13		①				
14		①				
15	1					
16		①				
17	1					
18		1				
19	1					
20		3				
21		②				
22		②				
23		②				
24		①				
25		①				
26		①				
27		①				
28		①				
29		①				
30	1					
31	1					
32		3				
33	1					
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48						
49						
50						
TOTAL IND.		↓	14	↓		↓
TOTAL DEP.			39	↓		↓
TOTAL CLAIMS			43			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.				↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS